-189 (Revised 12-94)

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. A-115210
Folder No. ______

000777

1. Jeffrey Cappetta
(Full and correct name in which you intend to operate)

2. TRANSPORTATION SOLUTIONS INTERNATIONAL
(Trade name, if any)

The trade name, if fictitious, HAS (has or has not) been registered with the Secretary of the Commonwealth on 6-15-98 (Date) (attach copy of date-stamped registration form).

3. 624 HARVESTER DRIVE (Physical Address) 412-788-6231 (Telephone No.)

OAKDALE (City) ALLEGHENY (County) PA. (State) 15071 (Zip)

DOCKETED
APPLICATION DOCKET
AUG 11 1998

4. SAME AS ABOVE
(Mailing Address; if different)

(City) (County) (State) (Zip)

DOCUMENT FOLDER

5. Applicant DOES NOT hold ICC authority under Docket No. _____
(does or does not)

6. Applicant DOES NOT have a current safety rating issued by _____
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned 1-2 leased _____

8. Applicant is (check one):

[✓] Individual

[ ] **Partnership.** Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

_____

(Name) (Address)

_____

_____

[ ] **Corporation.** Organized under the laws of the State of _____ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. Attach the following, as appropriate (check those attached):

[ ] Partnership Agreement.

[✓] Date-stamped copy of Fictitious Trade Name registration certificate.

[ ] Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

[ ] Copy of a current safety rating issued by a state or federal agency.

[ ] List of corporate officers and stockholders and distribution of shares.

[✓] Proof of Insurance.

10. Certification

a. Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in the transportation for which approval is herein sought unless and until authorization for such transportation is received.

b. Applicant certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance, and will be able to comply with them; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.

c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate

VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

(Print Name)	(Signature)	(Date)
JEFFREY J CAPPETTA	Jeffrey J Cappetta	7-24-98
(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation).

PNC

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

TRANSPORTATION SOLUTIONS INTERNATIONAL

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2821939

MICROFILM NUMBER: 09845

1162-1163

TRANSPORTATION SOLUTIONS INTL
624 HARVESTER DR
OAKDALE PA 15071

9845-1162

Microfilm Number _____

Filed with the Department of State on JUN 15 1998

Entity Number 2821939

Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious na mes), hereby state(s) that:

1. The fictitious name is: TRANSPORTATION SOLUTIONS INTERNATIONAL

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
DELIVERY OF PARCELS A FULL SERVICE DELIVERY AND SHIPPING COMPANY, PROVIDING A COMPLETE LINE OF TRANSPORTATION NEEDS.

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

Number and Street	City	State	Zip	County
624 HARVESTER	OAKDALE	PA	15071	ALLEGHENY

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
MR. JEFFREY J. CAPPETTA	624 HARVESTER DRIVE	OAKDALE	PA	15071
PATRICIA NORTON	"	"	"	

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if an

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

PA DEPT. OF STATE

JUN 15 1998

DSCB:54-311 (Rev 90)-2

9845-1163

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 15TH day of JUNE, 1998.

Jeffrey J. Coppelli
(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

Century Surety Company

2400 Corporate Exchange Dr., Suite 290
Columbus, Ohio 43231

COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS

POLICY NO.: CCP-159926
NAMED INSURED AND ADDRESS:
JEFF CAPETTA DBA TRANSPORATION SOLUTIONS INTERNATIONAL
624 HARVESTER DRIVE
OAKDALE, PA 15071

RENEWAL OF: New
CODE NO.: 5599A
INSUREDS AGENT:
MCILRATH AGENCY
4601 CLAIRTON BLVD
PITTSBURGH, PA 15236

POLICY PERIOD: From: 06/22/98 To: 06/22/99 at 12:01 A.M. Standard time at your mailing address shown above.
Business Description: DELIVERY
[ ] Individual [ ] Joint Venture [ ] Partnership [X] Organization (Other than Partnership or Joint Venture)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial General Liability Coverage Part	$	367.00
Commercial Inland Marine Coverage Part		1,233.00
SLTX		48.00
STMFEE		8.00

THE COVERAGE PROVIDED BY THIS POLICY MAY NOT BE AS REQUESTED ON THE APPLICATION. IT IS YOUR RESPONSIBILITY TO CHECK AND CONFIRM THAT THIS POLICY DOES PROVIDE COVERAGE AS QUOTED AND AGREED UPON. IF THERE IS ANY DISCREPANCY PLEASE CONTACT US IMMEDIATELY."

"The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association. Placed by: Market Finders Insurance, 1701 McFarland Rd., Pittsburgh, PA 15216."

N/A	% of the Policy Premium is fully earned as of the effective date of this policy and is not subject to return or refund.	TOTAL	$ 1,656.00

Service of Suit (if form CCP 20 10 is attached) may be made upon:
T# 98-1053-4160-00392

(NO FLAT CANCELLATION)

Form(s) and Endorsement(s) made a part of this policy at time of issue*:
CSCP1000(6/95), IL0017(11/85), IL0021(11/85), CCP2010 (08/96), CGL1500 (01/93), IL0910(01/81), IL0246(09/96)
CIM1503 (11/93)

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

COMPANY REPRESENTATIVE:
MARKET FINDERS INSURANCE CORP.
P.O. BOX 6549
LOUISVILLE, KY 40206 krt

Countersigned By _____
Authorized Representative
07/22/98

IN WITNESS WHEREOF, this Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly Authorized Agent of this Company at the Agency hereinbefore mentioned.

Anne S. Meyers
Secretary

Norman D. Amaker
President

CSCP 10 01 11 97

Insured's Copy

Century Surety Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No: CCP-159926 **Effective Date: 06/22/98** **
12:01 A.M. Standard Time

NAMED INSURED: JEFF CAPETTA DBA TRANSPORATION SOLUTIONS INTERNATIONAL

LIMITS OF INSURANCE:

General Aggregate Limit (Other than Product-Completed Operations)	$	600,000	
Products-Completed Operations Aggregate Limit	$	EXCLUDED	
Personal and Advertising Injury Limit	$	300,000	
Each Occurrence Limit	$	300,000	
Fire Damage Limit	$	50,000	**Any one Fire**
Medical Expense Limit	$	1,000	**Any one Person**

RETROACTIVE DATE: (CG 00 02 ONLY)
Coverage A and B of this insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" which occurs before the retroactive date shown here: 06/22/98

DEDUCTIBLE:
$ 250 Per Claim Bodily Injury Liability & Property Damage Liability Combined
(this deductible also applies to Personal and Advertising Injury Liability.) Deductible also applies to Supplementary Payments - Coverages A and B [X] Yes [ ] No

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
Loc. 1 624 HARVESTER DRIVE, OAKDALE, PA 15071

PREMIUM St/Terr	Code	Classification	Prem. Basis	RATE: Prem. Ops.	Pr/Co	ADVANCED PREMIUM Pr/Co	All Other
PA	94617	Freight forwarders or handlers-noc INCL PR/CO	$30,000(R)	12.130	Incl	Incl	367

Audit period is Annual Unless Otherwise Stated **Total Advance Premium** $ Incl $ 367
Minimum Premium for This Coverage Part $ 367MP

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsments shown elsewhere in the policy):
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
See Attached Schedule Form CGL 1500b

*Inclusion of Date Optional

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD

Century Surety Company

COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

Policy No.: CCP-159926 **Effective Date: 06/22/98** **

12:01 A.M. Standard Time

NAMED INSURED: JEFF CAPETTA DBA TRANSPORATION SOLUTIONS INTERNATIONAL

LIMITS OF INSURANCE:

A. Motor Truck Cargo	$ 5,000.00	Maximum Any Covered Vehicle*
B. Other than Motor Truck Cargo	$	Maximum Any One Covered Item
C. Maximum Any One Loss	$ 5,000.00	

*Covered Vehicle includes multiple trailers or semi-trailers being pulled by one power unit.

RATE: $ 4.11 PER $1000 RECEIPTS **DEPOSIT PREMIUM is:** N/A

PREMIUM is: Flat
$ 1,233.00 Minimum Premium for this coverage part: $ 1,233.00MP

DEDUCTIBLE:

[X]	1. $ 1,000.00	Per Loss	
[ ]	2.	% of each loss subject to a minimum of	$
[ ]	3. $	Per covered item	
[ ]	4. $	for refrigeration and heating breakdown	

LOCATION OF COVERED PREMISES:
Loc. 1 624 HARVESTER DRIVE, OAKDALE, PA 15071

SCHEDULE OF COVERED ITEMS:

ITEM	DESCRIBED ITEM	MANUFACTURER	SERIAL NUMBER	LIMIT
01				

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
See Attached Schedule Form CIM 1503b

**Inclusion of Date Optional

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD

SERVICE OF SUIT CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
COMMERCIAL EXCESS LIABILITY COVERAGE PART

It is agreed that in the event of the failure by us to pay any amount claimed to be due hereunder, we will, at your request, submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give such court jurisdiction and all matters arising hereunder shall be determined in accordance with the law and practice of such court.

It is further agreed that service of process in such suit may be made upon the person or organization shown in the Policy Declarations or upon us at the address shown in the policy jacket (form CSCP 1000).

And that in any suit instituted against any one of them upon this contract, we will abide by the final decision of such court or of any Appellate Court in the event of an appeal.

The above named are authorized and directed to accept service of process on behalf of us in any such suit and/or upon your request to give a written undertaking to you that we will enter a general appearance upon our behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory, or district of the United States of America, which makes provision therefore, we hereby designate the Superintendent, Commissioner, or Directors of Insurance or other officer specified for that purpose in the statute or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on your behalf or any beneficiary hereunder arising out of this contract of insurance, and hereby designates the above named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

NEW

Policy # TH 98-1053-4160-00392

DATE:06/22/98
SUBJECT: JEFF CAPETTA DBA TRANSPORTATION SOLUTIONS INTERNATIONAL
EFFECTIVE: 6/22/98 THROUGH 6/22/99
POLICY# CCP159926

BINDER

PACKAGE QUOTATION

COMPANY: CENTURY SURETY INSURANCE (A.M. BEST RATED A- VI)

MOTOR TRUCK CARGO:

LIMIT: $5,000 MAXIMUM PER UNIT AND LOSS - CONTINGENT CARGO FORM

Deductible: $ 1,000 PER LOSS

COMMODITY COVERED:

PAPER GOODS AND AUTO PARTS

LIABILITY:

General Aggregate:	$ 600,000
Products Aggregate:	$ INCLUDED
Pers/Adver Injury:	$ 300,000
Occurrence:	$ 300,000
Fire Legal:	$ 50,000
Med Pay:	$ 1,000

TERMS AND CONDITIONS:
1. 11 / 88 ISO OCCURRENCE FORM
2. CONTRACTUAL LIABILITY LIMITATION
3. COMPANY EXCLUDES: TOTAL POLLUTION, PUNITIVE DAMAGES, ASBESTOS, ATHLETIC PARTICIPANTS, DESIGNATED PROFESSIONAL SERVICES, MEDICAL PAYMENTS, EMPLOYMENT RELATED PRACTICES. TESTING-CONSULT ERRORS, ASSAULT & BATTERY, INDEPENDENT CONTRACTORS, BI TO INDEPENDENT CONTRACTORS, PRE-EXISTING INJURY OR DAMAGE,
4. AUTO LIABILITY LIMITS MUST BE EQUAL OR GREATER THAN GL LIMITS
5. THIS MOTOR TRUCK CARGO COVERAGE IS CONTIGENT ON THE FACT THAT CONTRACTED HAULERS HAVE MOTOR TRUCK CARGO COVERAGE IN PLACE; DRIVERS MUST PROVIDE INSURED WITH CERTIFICATES OF INSURANCE SHOWING LIMITS EQUAL OR GREATER. SEE ATTACHED POLICY FORM

PREMIUM:	$ 1,600	(100% M& D)
TAXES:	$ 48	(25% MINIMUM EARNED)
STAMPING FEE:	$ 8	
POLICY FEE:	$ 0	
TOTAL:	$ 1,656	

SUBJECT TO: (BINDER IS GOOD FOR THIRTY DAYS)

FAVORABLE INSPECTION
SIGNED/COMPLETED ACORD AND MOTOR TRUCK CARGO APPLICATIONS

COVERAGES CONTAINED IN THIS QUOTATION MAY DIFFER FROM COVERAGES REQUESTED BY YOUR AGENCY. NO COVERAGE CAN BE CONSIDERED BOUND WITHOUT WRITTEN CONFIRMATION FROM MARKET FINDERS. THE INSURER WITH WHOM THE INSURANCE IS TO BE PLACED IS NOT ADMITTED TO TRANSACT BUSINESS IN THIS COMMONWEALTH AND IS SUBJECT TO LIMITED REGULATION BY THE DEPARTMENT; AND IN THE EVENT OF INSOLVENCY OF THE INSURER, LOSSES WILL NOT BE PAID BY THE PENNSYLVANIA INSURANCE GUARANTY ASSOCIATION.

(NO FLAT CANCELLATION)

Fax:

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

DATE 8/18/98
RECEIPT # 194791

JEFFREY CAPPETTA
T/A TRANSPORTATION SOLUTIONS INTERNATION
624 HARVESTER DR
OAKDALE PA 15071

IN RE: Application fees for JEFFREY CAPPETTA T/A TRANSPORTATION SOLUTIONS INTERNATIONAL
Docket Number A-00115210..... $100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: teimo 71602702116
CHECK AMOUNT: $100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
AUG 20 1998

EEF

004855

RECEIVED
SECRETARY'S BUREAU